

Invitation to Attend Health Links Coordinated Care Conference

TO:	FROM:
FAX:	PAGES:
PHONE:	DATE:

Your attendance is requested to discuss and coordinate a care plan for:

Patient:

HCN:

Care conference will be located at:

Please indicate if you are available to attend a Care Conference on:

DATE	TIME	
<input type="checkbox"/> _____	TIME: _____	<input type="checkbox"/> ATTEND IN PERSON <input type="checkbox"/> TELECONFERENCE
<input type="checkbox"/> _____	TIME: _____	<input type="checkbox"/> ATTEND IN PERSON <input type="checkbox"/> TELECONFERENCE
<input type="checkbox"/> _____	TIME: _____	<input type="checkbox"/> ATTEND IN PERSON <input type="checkbox"/> TELECONFERENCE

I will be unable to attend the proposed date, please send Health Link Care plan to my office when completed for my review.

Please identify if there are any concerns that you would like us to discuss with the patient in your absence: _____

Thank you for your participation in the Health Link process, **once completed please fax back to Care Coordinator.(Person who sent invitation.)**

Thank you,